

UNRELATED VISITATION RESOURCE APPROVAL

Name: _____ County: _____ Case #: _____

Spouse: _____

Address: _____

Child's Worker: _____ Telephone #: Office: _____ Home: _____

Emergency Telephone #: _____

The minimum standards for the care of foster children have been explained to me and I agree to adhere to them. These standards include the following policy concerning discipline:

"Discipline shall be fair, consistent, related and in proportion to the offense so as to be a positive, educational tool to help children develop inner controls. Harsh and humiliating punishment, including physical, emotional, and verbal abuse, is prohibited."

I further state that no member of my household has been convicted of a felony or misdemeanor involving: (1) a sex related crime; (2) serious, intentional, reckless or negligent physical injury, danger or death of any person; (3) a crime against a child; (4) major intrusion upon property or use of a weapon to secure property; (5) arson; or (6) manufacture, sale, distribution or possession of controlled substance, opiates, illegal, addictive or narcotic drugs.

These standards have been explained and I agree to abide by the Department's rules and regulations.

Signature Date

Spouse Signature Date

The _____ Department of Human Resources has evaluated and approved
_____ as a visiting resource.

Social Worker Signature Date

Director/Supervisor Signature Date